



Patient Safety Component

Monthly Reporting Plan

Data Entry

Linking

Other Features

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Division of Healthcare Quality Promotion

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Target Audience

- This training is designed for those who will enter patient, event and procedure information into the Patient Safety Component of NHSN
- This may include:
 - NHSN Facility Administrator
 - Patient Safety Primary Contact
 - Infection Control Professional (ICP)
 - Epidemiologist
 - Data entry staff



Objectives

- Identify the steps in entering a Monthly Reporting Plan into NHSN
- Indicate requirements for various types of data fields
- Demonstrate data entry into data fields in each type of NHSN record
- Describe how two or more records can be linked to form an association between them
- Display Help Messages within NHSN



Monthly Reporting Plan

- Each facility must enter a Monthly Reporting Plan for every month of the year
- Events, procedures, and summary data cannot be entered for a month until a Plan is in place.
- Plan informs CDC which modules are followed for a given month



Monthly Reporting Plan Options

- Specific plan
- “No Modules Followed” Plan



Surveillance Plan Options

A facility may choose to enter a specific plan...

Device-Associated Module

Locations

	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/ONC	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module

Procedures

CRAN - Craniotomy			
CHOL - Gallbladder surgery	BOTH - In and outpatient		
HPRO - Hip prosthesis	IN - Inpatient		

For the Device-associated Module, choose the location you wish to monitor, then choose the devices to monitor



Surveillance Plan Options

Device-Associated Module

Locations

2 EAST - HEM/ONC
SICU - SURGICAL ICU
NICU3 - LEVEL 3 NICU
OUTDIAL - OUTPATIENT DIALYSIS

CLA BSI DI VAP CAUTI

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows

Clear All Rows

Copy from Previous Month

Note that only outpatient dialysis locations can monitor Dialysis Incidents

Procedure-Associated Module

Procedures

SSI

Post-
procedure
PNEU

CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	



Surveillance Plan Options

For the Procedure-associated Module, first choose the operative procedure to follow

Device-Associated Module

	CLA	BSI	DI	VAP	CAUTI
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module

Procedures	SSI	Post-procedure PNEU
<input type="checkbox"/> CRAN - Craniotomy	<input type="checkbox"/> IN - Inpatient	<input type="checkbox"/> IN - Inpatient
<input type="checkbox"/> CHOL - Gallbladder surgery	<input type="checkbox"/> BOTH - In and outpatient	<input type="checkbox"/>
<input type="checkbox"/> HPRO - Hip prosthesis	<input type="checkbox"/> IN - Inpatient	<input type="checkbox"/>



Surveillance Plan Options

A facility may choose to enter a specific plan...

Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Then choose to follow inpatient procedures or outpatient procedures, or both.

	SSI	Post-procedure PNEU
CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	



Surveillance Plan Options

Device-Associated Module

Locations

	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/ONC	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>				

Procedure-Associated Module

Procedures

	SSI	Post-procedure PNEU
CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	

For the procedure(s) selected, indicate if you will follow Post-procedure Pneumonia



Surveillance Plan Options*

...or choose “No Modules Followed this Month”

Mandatory fields marked with *

Facility ID*: DHQP Memorial Hospital (ID 10000)

Month*: September

Year*: 2005

☒ No NHSN Patient Safety Modules Followed this Month

Save

Back

- Remember that you must have a specific plan for at least 6 out of 12 months and submit data



General Information about Data Entry



- Data entered into NHSN is available to both CDC and to the facility as soon as it is saved.
 - No “transmission”
- Data can be edited after it is saved
 - Exceptions
 - Patient ID
 - Linked records
- Records can be deleted



Types of Data Entered in NHSN



- Patient demographics
- Denominators
 - Summary data (device-associated)
 - Denominators for Procedures
- Events (e.g., CLABSI, VAP, SSI, etc.)
- Custom data



Requirements for Data Fields



- Required:
 - Must be completed on every data field
 - A red asterisk (*) appears next to the field label
- Conditionally required: when the requirement depends on one of these conditions
 - Response given in another field
 - Events identified in your Monthly Reporting Plan
- Optional:
 - NHSN does not require the data and the information will not be used (e.g., surgeon code)



Adding a Patient

- Required fields
 - Patient ID
 - Gender
 - Date of Birth
- Conditionally required field:
 - Birthweight (only if neonate)
- Optional fields
 - Social security number
 - Patient name (first, middle, last)
 - Secondary ID



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NHSN Home

Reporting Plan

Patient

- Add
- Find
- Import

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Summary Data

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Log Out

Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Add Patient

Mandatory fields marked with *

Patient Information

Facility ID*:

Patient ID*:

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*:

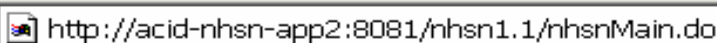
Birth Weight (grams):

Finding a Patient entered Previously



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Address 



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Reporting Plan

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-  Add
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Log Out

Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Welcome to the NHSN Home Page.

Use the Navigation bar on the left
to access the features of the application.



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Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of an individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes for which it was collected, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with the provisions of 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).



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 **NHSN Home**

Reporting Plan

Patient

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Log Out

Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Find Patient

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Patient Information

Facility ID:

Patient ID:

Last Name:

First Name:

Social Security #:

Gender:

Secondary ID:

Find

Clear

Back

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Log Out

Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

View Patient

Mandatory fields marked with *

Patient Information

Facility ID*: Medical Center East (10000)

Patient ID*: 67-442

Social Security #: [View patient events/procedures](#)Secondary ID:

Last Name: Kent

First Name: Clark

Middle Name:

Gender*: M - Male

Date of Birth*: 06/16/1952

Birth Weight (grams):

Custom Fields

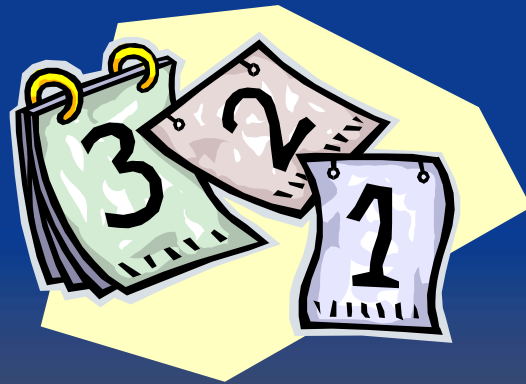


Entering Denominators for Device-associated Events

- Adding summary data
- Finding summary data
- Editing/deleting summary data

Device-associated Denominators

- Patient days
- Device days by type of unit





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Logged into Medical Center East (ID 10000) as MVA.
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Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Add Patient Safety Summary Data

Summary Data Type:

Device Associated - Intensive Care Unit / Other Locations
Device Associated - Intensive Care Unit / Other Locations
Device Associated - Neonatal Intensive Care Unit
Device Associated - Specialty Care Area
Device Associated - Outpatient Dialysis - Census Form
Medication Associated - AUR Microbiology Laboratory Data
Medication Associated - AUR Pharmacy Data

Different location types use different screens for entry of denominator (summary) data.

Choose the type of location

Done

Local intranet

start

CDC - Citrix Meta...Google - Microsoft...2006 Training - \\\Microsoft PowerP...

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Log Out

Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Add Patient Safety Summary Data

Summary Data Type:

Continue

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back

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📅

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addresshttp://acid-nhsn-app2:8081/nhsn1.1/icudata.doGoLink

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Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Denominators for Intensive Care Unit (ICU)/
Other locations (not NICU or SCA)

Mandatory fields marked with *

Print PDF Form

Facility ID*: 10000 (Medical Center East)

Location Code*: 3N-3 NORTH

Month*: August

Year*: 2006

Total Patient Days

Central Line

Urinary Catheter

Ventilator Days:

2006

2005

2004

2003

2002

2001

SaveBack

Choose the location code,
the month and the year for
the denominator data

Done

start

CDC - Citrix Meta...

Google - Microsoft...

2006 Training - \\\...

Microsoft PowerP...

Local intranet

5:59 A



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Log Out

Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

Mandatory fields marked with *

Facility ID*: 10000 (Medical Center East)

Location Code*: 3N - 3 NORTH

Month*: August

Year*: 2006

Total Patient Days*: 435

Central Line Days*: 212

Urinary Catheter Days*: 161

Ventilator Days: 54

**Required fields are noted with
a red asterisk (*)**

**These are fields that are identified
in your Monthly Reporting Plan
Fields without a red asterisk are not
required, but can be entered**

Save

Back

Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

✓ Save of Summary Data successful. Note that data has been provided that is not required as part of the Facility's current plan for this month and year. Please consider expanding the current plan.

Mandatory fields marked with *

[Print PDF Form](#)

Facility ID*: 10000 (Medical Center East)
Location Code*: 3N - 3 NORTH
Month*: August
Year*: 2006

Total Patient Days*: 435
Central Line Days*: 212
Urinary Catheter Days*: 161
Ventilator Days: 54

Edit Delete Back

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Summary Data

▶ Add

▶ Find

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Log Out


Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Add Patient Safety Summary Data

Summary Data Type:


Continue


Back


 Done

 start

 CDC - Citrix Meta...

 Google - Microsoft...

 2006 Training - \\\...

 Microsoft Po



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Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Neonatal Intensive Care Unit

Mandatory fields marked with *

Facility ID*: 10000 (Medical Center East)

Location Code*: NCC2_3 - NEONATAL CRITICAL CARE LEVEL IHIII

Month*: August

Year*: 2006

Remember, for each day, if a patient has both an umbilical line and a central line, only the umbilical line is counted

Birth Wt.	Patient Days*	U/C Days	CL Days	Vent Days
<=750	81	18	24	70
751-1000	56	20	11	38
1001-1500	104	28	39	86
1501-2500	66	30	29	44
>2500	116	76	20	81

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- Patient**
- Add
- Find
- Event**
- Add
- Incomplete
- Find
- Denominator Data**
- Procedure
 - Add
 - Incomplete
 - Find
 - Import Data
- Summary
 - Add
 - Find
- Survey**
- Add
- Find
- Manage Users**
- Add
- Find

Logged into DHQP Memorial Hospital (ID 10000) as MVA
Facility: DHQP Memorial Hospital (ID 10000) is following PS component

Add Patient Safety Summary Data

Summary Data Type:

- NHSN Home**
- My Info
 - Plan
 - Add
 - Find
- Patient
 - Add
 - Find
- Event
 - Add
 - Incomplete
 - Find
- Denominator Data
 - Procedure
 - Add
 - Incomplete
 - Find
 - Import Data
 - Summary
 - Add
 - Find
- Survey
 - Add
 - Find
- Manage Users
 - Add
 - Find

Logged into DHQP Memorial Hospital (ID 10000) as MVA
Facility: DHQP Memorial Hospital (ID 10000) is following PS component

Denominators for Specialty Care Area (SCA)

Mandatory fields marked with *

[Print PDF Form](#)

Facility ID*: 10000 (DHQP Memorial Hospital)
Location Code*: 2 EAST - HEM/ONC
Month*: August
Year*: 2006

Total Patient Days*: 221
Temporary Central Line Days*: 106
Permanent Central Line Days*: 28
Urinary Catheter Days: 81
Ventilator Days:

For SCA locations, enter the number of permanent central lines separately from temporary central lines

Remember, for each day, if a patient has both a temporary and a permanent line, only the temporary line is counted

Add Event

Print PDF Form

Fields required when in Plan marked with >

Event #: 272948


Find Events for Patient

First Name: **Alvira**

Date of Birth*: 06/26/1941

Date of Event*: 10/10/2006

Date Admitted to Facility>: 10/03/2006

Urinary Catheter*: Y-Yes 




Adding an Event (Cont.)

Event Details

Specific Event*: SUTI - Symptomatic bacteriuria ▼

Secondary Bloodstream Infection*: N - No ▼

Died**: N - No ▼

Discharge Date: 

Pathogens Identified*: Y - Yes ▼ If Yes, specify below ->

Pathogens

Pathogen 1: EC - Escherichia coli ▼ *9 drugs required

Drug

CEFOT - Cefotaxime ▼

AMK - Amikacin ▼

CEFEP - Cefepime ▼

CEFTRX - Ceftriaxone ▼

CEFTAZ - Ceftazidime ▼

CIPRO - Ciprofloxacin ▼

IMI - Imipenem ▼

LEVO - Levofloxacin ▼

MERO - Meropenem ▼

Add Rows

Result

S - Susceptible ▼

N - Not Tested ▼

R - Resistant ▼

S - Susceptible ▼

N - Not Tested ▼

R - Resistant ▼

S - Susceptible ▼

R - Resistant ▼

N - Not Tested ▼

Pathogen 2: CA - Candida albicans ▼

Find Event

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Event Information

Facility ID: DHQP Memorial Hospital (ID 10000) ▼

Event #:

Event Type: UTI - Urinary Tract Infection ▼

Location: BURN - BURN UNIT ▼

Date of Event:  To: 

Patient Information

Patient ID:

Last Name:

First Name:

Social Security #:

Secondary ID:



Logged into DHQP Memorial Hospital (ID 10000) as MVA.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Event List

First | Previous | Next | Last

Dis

<input type="checkbox"/>	Facility ID	Event #	Event Type	Event Date	Last Name	First Name	Location	Patient ID	Social Security #	Secondary ID	Com Sta
<input type="checkbox"/>	10000	272945	UTI	10/10/2006	Springsteen	Alvira	BURN UNIT (BURN)	33-222-00			Y
<input type="checkbox"/>	10000	272946	UTI	10/30/2006	Jacon	Timothy	BURN UNIT (BURN)	16-88-900			Y
<input type="checkbox"/>											

First | Previous | Next | Last

Dis

New Search

Add

Back



View Event

Mandatory fields marked with *

[Print](#)

Fields required for record completion marked with **

Fields required when in Plan marked with >

Patient Information

Facility ID*: DHQP Memorial Hospital (10000)

Event #: 272945

Patient ID*: 33-222-00

Social Security #:

Secondary ID:

Last Name: Springsteen

First Name: Alvira

Middle Name:

Gender*: F - Female

Date of Birth*: 06/26/1941

Event Information

Event Type*: UTI - Urinary Tract Infection

Date of Event*: 10/10/2006

Post-procedure*: N - No

Location*: BURN - BURN UNIT

Date Admitted
to Facility*: 10/03/2006

Risk Factors

Urinary Catheter*: Y - Yes

Event Details

Specific Event*: SUTI - Symptomatic bacteriuria

Secondary Bloodstream
Infection*: N - No

Died**: N - No

Discharge Date:

Pathogens Identified*: Y - Yes If Yes, specify below ->

Pathogens

Pathogen 1: EC - Escherichia coli *9 drugs required

Drug	Result
CEFOT - Cefotaxime	S - Susceptible
AMK - Amikacin	M - Not Tested

All events
entered into
NHSN are
available for
review after
being saved



Procedures

- An Operative Procedure Record is completed for each patient having a procedure selected for monitoring.
 - For example, if you wish to monitor HPROs during December, then a Denominator for Procedure record is completed for every patient that has the procedure.




Procedures

- Add
- Find
- Import
- Link



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 **NHSN Home**

Reporting Plan

Patient

Event

Procedure

▶ **Add** ←

▶ Find

▶ Import

▶ Incomplete

Summary Data

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Survey

Users

Facility

Group

Log Out

Logged into Test Facility (ID 10036) as MVA9.
Facility Test Facility (ID 10036) is following PS component.

Welcome to the NHSN Home Page.

Use the Navigation bar on the left
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Assurance of Confidentiality: The information obtained in this surveillance institution is collected with a guarantee that it will be held in strict confidence and will not otherwise be disclosed or released without the consent of the individual, (d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Add a Procedure



Mandatory fields marked with *

[Print PDF Form](#)

Fields required when in Plan marked with >

Patient Information

Facility ID*:	<input type="text" value="Test Facility (ID 10036)"/>	Procedure #:	275378
Patient ID*:	<input type="text" value="33-3-333"/>	<input type="button" value="Find"/>	<input type="button" value="Find Procedures for Patient"/>
Social Security #:	<input type="text"/>	Secondary ID:	<input type="text"/>
Last Name:	<input type="text" value="Jones"/>	First Name:	<input type="text" value="Sue"/>
Middle Name:	<input type="text"/>		
Gender*:	<input type="text" value="F-Female"/>	Date of Birth*:	<input type="text" value="04/12/1955"/>

Procedure Information

NHSN Procedure Code*:	<input type="text"/>
ICD-9-CM Code:	<input type="text"/>
Procedure Date*:	<input type="text"/>
	<input type="button" value="Link to Event"/> <i>Procedure is not Linked</i>

Procedure Details

Outpatient*:	<input type="text"/>	Duration (Hrs:Mins)>:	<input type="text" value="0"/> :	<input type="text"/>	
Wound Class>:	<input type="text"/>	General Anesthesia>:	<input type="text"/>		
ASA Class>:	<input type="text"/>				
Emergency>:	<input type="text"/>	Trauma>:	<input type="text"/>	Endoscope>:	<input type="text"/>
Surgeon Code:	<input type="text"/>	Multiple Procedures>:	<input type="text"/>		

Mandatory fields marked
Fields required when in P

Patient Information

Facility ID*:
Patient ID*:
Social Security #:
Last Name:
Middle Name:
Gender*:
NHSN Procedure
Code*:
ICD-9-CM Code:
Procedure Date*: 09/14/2006

AAA - Abdominal aortic aneurysm repair
AMP - Limb amputation
APPY - Appendix surgery
AVSD - AV shunt for dialysis
BILL - Bile duct liver or pancreatic surgery
BRST - Breast surgery
CARD - Cardiac surgery
CBGB - Coronary bypass w/ chest & donor incisions
CBGC - Coronary bypass graft with chest incision
CEA - Carotid endarterectomy
CHOL - Gallbladder surgery
COLO - Colon surgery
CRAN - Craniotomy
CSEC - Cesarean section
FUSN - Spinal fusion
FX - Open reduction of fracture
GAST - Gastric surgery
HER - Herniorrhaphy
HPRO - Hip prosthesis
HTP - Heart transplant
HYST - Abdominal hysterectomy
KPRO - Knee prosthesis
KTP - Kidney transplant
LAM - Laminectomy
LTP - Liver transplant
NECK - Neck surgery
NEPH - Kidney surgery

Procedure Information

NHSN Procedure
Code*:
ICD-9-CM Code:

ICD-9-CM code is optional

Procedure Date*: 09/14/2006



Link to Event

Procedure is not Linked

Procedure Details

Outpatient*: ☐ Duration (Hrs:Mins)>: 0 :
Wound Class>: General Anesthesia>:
ASA Class>:
Emergency>: ☐ Trauma>: ☐ Endoscope>:
Surgeon Code: Multiple Procedures>:

Select NHSN procedure from
drop-down list

Secondary ID:

First Name:

Date of Birth*:



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Trusted sites

Procedure Information

NHSN Procedure Code*: HPRO - Hip prosthesis

ICD-9-CM Code:

Enter the cut time – incision to closure

Procedure Date*: 09/14/2006

Link to Event

Procedure is not Linked

Was this procedure done as an outpatient?

Procedure Details

Outpatient*: N - No Duration (Hrs:Mins)>: 3 : 44

Wound Class>: C - Clean General Anesthesia>: Y - Yes

ASA Class>: 2 - Patient with mild systemic disease

Enter the wound Class: C, CC, CO, D, or U

a>: Y - Yes Endoscope>: N - No

Multiple Procedures>:

Type of HPRO>:

Procedure Information

NHSN Procedure Code*: HPRO - Hip prosthesis

ICD-9-CM Code:

Patient ASA score (1-5)



[Link to Event](#)

Procedure is not Linked

Procedure Details

Outpatient*: N - No Duration (Hrs:Mins): 3 : 44

Wound Class>: C - Clean General Anesthesia>: Y - Yes

ASA Class>: 2 - Patient with mild systemic disease

Emergency>: N - No Trauma>: Y - Yes Endoscope>: N - No

Surgeon Code: Multiple Procedures>

Type of HPRO>

Was this an emergency? **Unscheduled and nonelective**

Is the surgery done due to blunt or penetrating trauma injury?

Was the procedure done using an endoscope?

Procedure Details

Outpatient*: N - No Duration (Hrs:Mins)>: 3 : 44

Choose the surgeon code/name from the drop-down list

General Anesthesia>: Y - Yes

Some procedures require additional information (like HPRO)

Emergency>: scope>: N - No

Surgeon Code: 200 - Bond, James Multiple Procedures>: N - No

Type of HPRO>: TP - Total Primary

If more than one NHSN Operative Procedure is performed through the same incision, select "Yes"



Linking an Event to a Procedure

- The Procedure must be entered in the system before an event can be linked to it
- When an event is linked to a procedure, the data from the procedure will be automatically associated with the event
- Used primarily with SSI and PPP, but can be used with Device-associated Events also



Department of Health and Human Services Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

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Logged into Test Facility (ID 10036) as MVA9.
Facility Test Facility (ID 10036) is following PS component.

Add Event


Mandatory fields marked with *

Fields required for record completion marked with **

Fields required when in Plan marked with >

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Patient Information

Facility ID*: Test Facility (ID 10036) 

Event #: 275417

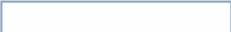
Patient ID*: 33-3-333

Find


Find Events for Patient

Social Security #: Secondary ID: 


Last Name: Jones

Middle Name: Gender*: F - Female 

Event Information

Event Type*: Surgical Site Infection Post-procedure: Location: 

Date Admitted

to Facility: 

When the patient ID is entered, NHSN will automatically complete the demographic information for the patient

Select the Event Type from the drop-down list



Event Information

Event Type*:

Date of Event*: 

NHSN Procedure Code*: 


ICD-9-CM Code:

Procedure Date*: 

[Link to Procedure](#)

Event is not Linked

Location: 

Date Admitted to Facility>: 



A list of procedures for that patient will appear

Link Procedure List

☒ No exact match was found. The following procedure(s) were found for the selected facility and patient.

Check the procedure to link this Event to and click Link

Patient ID: 33-3-333

First | Previous | Next | Last

Displaying 1 - 1 of 1

Link	Event #	NHSN Procedure Code	ICD-9-CM Code	Procedure Date	Linked Events
<input checked="" type="checkbox"/>	275413	HPRO		09/14/2006	

First | Previous | Next | Last

Displaying 1 - 1 of 1

Link

Back

Click in the box next to the appropriate procedure and then the link button.

Linking an Event to a Procedure

The data related to the procedure will be automatically filled in

Event Information

Event Type*: SSI - Surgical Site Infection

Date of Event*: 09/22/2006

NHSN Procedure Code*:

Notice now that the Event has been Linked to the Procedure

ICD-9-CM Code:

Procedure Date*: 09/14/2006

Link to Procedure

Event Linked

Location SICU - Surgical ICU

Date Admitted to Facility*: 09/22/2006

You still need to enter the date of the SSI, the patient location and the patient date of admission

Help Messages



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Logged into Test Facility (ID 10036) as MVA9.
Facility Test Facility (ID 10036) is following PS component.

View Procedure

Mandatory fields marked with *

[Print PDF Form](#)

Fields required when in Plan marked with >

Patient Information

Facility ID*	Test Facility (10036)	Procedure #:	275413
Patient ID*	33-3-333		
Social Security #		Secondary ID:	
Last Name	Jones	First Name:	Sue
Middle Name			
Gender*	F - Female	Date of Birth*	04/12/1955

Procedure Information

NHSN Procedure Code*	HPRO - Hip prosthesis		
ICD-9-CM Code			
Procedure Date*	09/14/2006	<i>Procedure is not Linked</i>	

Procedure Details

Outpatient*	N - No	Duration (Hrs:Mins)*:	3 : 44
Wound Class*	C - Clean	General Anesthesia*	Y - Yes
ICD-9-CM Code*			



Questions?

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